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CASE OF INVERTED UTERUS.—BAPTISIA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I am induced to send you the following case, more particularly on account of calling attention to the remedy which I have supposed most efficacious in arresting the progress of mortification. The remedy to which I refer, I find omitted in the large, copious, and, I believe, generally excellent Dispensatory of Wood and Bache, published the present year at Philadelphia, containing upwards of a thousand pages.

The *Baptisia* I have used for more than thirty years as an antiseptic remedy, and entertain a very high opinion of its antiseptic powers. It is applied externally in form of cataplasm, or strong decoction. Internally, a strong decoction of the root is given in doses of a tablespoonful once in three or four hours.

When in Philadelphia, in 1816, I mentioned the following case to T. C. James, M.D. Professor of Midwifery in the University of Pennsylvania, who requested me to draw up an account of it for him. This I furnished the Professor with, and he had it published in the Eclectic Repertory of that year. The number of that work containing it, I have not, however, by me. As this case has never been published in New England, I have given such an account of it as my memory and notes furnish. Some verbal discrepancies probably occur betwixt what is now given and the account furnished to Dr. James.

I have an obscure idea that the woman menstruated after the accident, and that the menstrual flux might be seen in minute drops exuding from the inverted uterus. But I have not been able to find any note of this circumstance, made at the time. The case as it stands is at your service, with the respects of the writer. JOSEPH COMSTOCK, M.D.

Lebanon, Conn., May, 1833.

THE following case occurred to the present writer, whilst a practitioner at South Kingston, R. I. On the 16th of May, 1808, I was called to Hannah Hawkins, a woman upwards of 30 years of age, who on the 9th of the same month, being a week before my first visit, had been delivered of her first child, which was illegitimate. A terrible accident had occurred at the time of parturition, and it was on this account that I was desired to visit her. It was a complete and total inversion of the uterus. This I found of the size of a child's head of two years old, and entirely without the *os externum*. The color of the inverted surface was quite black, owing to putrid and putrefying coagula, which seemed to form a coating, not however easily distinguished from the spongy texture of

the inverted organ itself. The sight was appalling, and seemed to indicate that the substance of the womb participated in the gangrene of the inverted surface. The fetor of the patient's apartment was in the highest degree offensive. If hysterical affections are owing in all cases to uterine disturbance, here might expect to find them here at their height, where that whole system had suffered injuries so immense. Accordingly, the information received from the poor woman's attendants was, that she was crazy, and that she had been raving by turns. In one of these maniacal fits, I was told that she had torn off a part of her inverted womb. The account seemed too horrible to credit for a moment. I was, however, compelled to admit its truth by ocular inspection. On one side (the right), near its fundus, a piece of the spongy texture had been torn away, leaving a depressed space larger than a dollar. The hysterical mania, however, did not now manifest itself by raving, but by extreme despondency. She thought and declared herself most of the time immediately dying. In her raving turns, which occasionally occurred from the first, she would, in spite of her attendants, get off of her bed. Those who have had patients of the character and standing of this woman, need not be told that they are apt, even when no unusual accident supervenes, to be more untoward and refractory than any other class of persons.

The magnitude of the accident, and the terror it occasioned, together with the patient's aberrations of mentality, seemed to have paralyzed the poor people about her. The subject herself, her room, her bed, and her displaced viscus, bore marks of the want of care, of cleanliness, and of decision. To these circumstances was it owing, that I had abundant proof of the immensity of her evacuations, which I might not otherwise readily have credited. At this time, the discharges from the inverted organ had passed through both the beds and bed clothing upon which she lay, and ran quite across the floor of her room, which was of no diminutive size. They were entirely serous and lochial, mostly the former. There was no blood intermixed, not enough to give the slightest tinge. I was assured by the woman and by her attendants, and the fact was confirmed, that there was no constant discharge, but that it was periodical. This part of the case is fraught with interest and curiosity. Before any discharge commenced, the uterus swelled, by the accumulation of fluids within its cavity, to the size of a man's head. The discharge then commenced in a small stream, which must have issued through one of the fallopian tubes. Then the size of the inverted organ gradually diminished to that of a child's head. This was the size of it at this time; and when thus far reduced in bulk, the discharge ceased. I was assured that the bulk had never, since the accident, been less than when I now saw it.

The circumstances attending this woman's labor, as I was able to collect them from the attendants, the midwife, and afterwards from the attending physician, were as follows:—That she was taken in travail on the night of the 8th of May; that a female practitioner attended in the first instance; that the pains were severe, the woman restless, disobedient, and, as it was thought, a little deranged in intellect; that the progress of the labor was slow, and that a neighboring gentleman of the

medical profession was, in consequence of all these unpropitious features of the case, called in; and that he succeeded in her delivery early on the morning of the 9th.

It appears that the inversion was caused by pulling at the cord in order to extract the placenta. The physician informed the widwife of the accident at the time, and expressed his conviction of the certain fatality of the case. At the same time he appears to have succeeded in replacing it, at least within the *os externum*; and upon leaving her, he ordered rest and a strict confinement to a supine posture. These directions were judicious and adapted to the case, but they were not adhered to by the patient. She got up, and her uterus got down.

I afterwards saw Dr. ——, who confirmed the above particulars. He also informed me that after the birth of the child, which was accomplished without any extraordinary event, he made a gentle effort at the cord, but with no more force, and, as he thought, not so much, as he had used on other occasions. He soon found something coming forward, which he at first supposed to be a placenta unusually large: but upon a more strict scrutiny, he found the uterus inverted, with the placenta adhering by its whole surface, and all without the *os externum*. The placenta he then separated, or, to use his own terms, 'dissected off.' Some hemorrhage, which he estimated at two or three pints, succeeded. He then, with his flat hand applied to the fundus uteri, restored it, as he supposed, to its place. Still, he left her, as he candidly informed me, with no expectation that she could long survive the accident. Under this fixed impression, he declined visiting her, when, upon her getting up, the uterus again came down.

Another practitioner, of some eminence, was afterwards called. He came, and found her in much the same state as that in which I now saw her. But his opinion of the certain fatality of the case was equally strong and decided as that of the other gentleman, and he abandoned her without prescribing anything. It was now the seventh day, and she had scarcely slept since her delivery. My prognosis, under all these serious circumstances, could not be otherwise than dubious. I determined, notwithstanding, that she should have every benefit of what feeble resources of art I could command.

An attempt to reinvert, and then to restore to its place, the inverted organ, I thought impossible, and that the attempt would be pernicious, probably fatal, and totally unjustifiable. For, Dr. Denman tells us that he never had been able to replace an inverted uterus so soon as four hours after its inversion. And in the present case the whole volume was without the vagina, and the inverted cervix firmly contracted, in plain sight. Other indications to be fulfilled were obvious and pressing. They were, 1st, To arrest the progress of gangrene; 2d, To lessen the debilitating discharges; and 3d, To immediately quiet the perturbed system of the patient and procure sleep.

Having previously experienced the potent effects of the wild indigo

(Sophora Tinctoria of Linnæus, Baptisia of later botanists) as an antiseptic remedy, stupes, wrung out of a strong decoction of this indigenous plant with its root, were applied to the inverted surface. The bark was at the same time internally exhibited; and the cerussa acetata, at my next visit, added to the decoction, with a view of lessening the discharges. By a perseverance in these remedies, a truce was procured. In seven days time, the black color of the inverted surface was exchanged for a healthy red. The extremely offensive odor was overcome, and the bulk of the uterus very much diminished. I had reason, therefore, to be satisfied with this course of medication; it was consequently relied on and continued. Her very great depression of spirits, however, continued after her other symptoms were much amended. But her amendment in other respects was not entirely uninterrupted; as on the 15th of June, thirty-seven days after the inversion, I was desired to visit her on account of her being more unwell than for some time preceding. At this time, the serous discharge, which had nearly ceased, became more copious. The appearance of the inverted surface was more red and spongy, the bulk of the womb increased; nor was it so much retracted within the vagina. She had also a slight cough; and her pulse, which had before been good, for one in her situation, was now too frequent. These two last symptoms, which probably proceeded from nervous irritability, were easily obviated by the usual remedies, viz. tinct. opii camph. combined with a solution of tartarized antimony. A solution of sugar of lead was again applied to moderate the inflammatory appearances of the inverted organ, and to check the increased discharge.

Her amendment from about this period became more apparent. By the second day of July, fifty-four days after the accident, the inverted uterus was diminished to the size of a large pear; its color was white, and its substance firm. On the 13th of the same month, I was informed that it sometimes disappeared entirely by spontaneous retraction within the *os externum*. At a somewhat later period, I was informed that a plaister was applied to aid in supporting it in its place, and to prevent its prolapse. The woman ultimately got about, and was able to resume her occupation of a dairy maid.

The resources of nature in producing retraction, and in thus partly restoring to its region the inverted uterus, demand our admiration. The powers of nature, however, were not adequate to *re-invert* the organ. Nature did not go so far as to attempt to make this woman again capable of being the bearer of children. But it made her, with the help of what little art we were enabled to afford, capable of resuming her former laborious avocation, and thus acquiring a livelihood. Had nature, or art, ought to have the credit of arresting the progress of mortification in this case? My fixed impression is, that had I not known, and had I not applied the wild indigo, I had lost the patient. I learned the value of this remedy from an aged, and, if I may so apply the word, *indigenous* practitioner, Dr. Benjamin Wait. He was said to have commenced practice at the age of fifteen, under his mother, who was a doctress. Although he knew much of our indigenous remedies, yet he did not confine himself to them. He had more promptness and decision than to rely on simples in cases that required an energetic mode of treatment.

Hence, bloodletting and pukes of tartar emetic were remedial agents for which he was noted. He was on the whole a judicious practitioner. With him I was associated on many trying and difficult occasions, and in his last sickness of palsy and fever he put himself wholly under the present writer's care. He informed me that in cases of mortification and putrid fevers, if he must have been compelled to forego the use of the bark, or the wild indigo, he should not hesitate in rejecting the former and retaining the latter. The printed page does not, perhaps, record the name of Dr. Wait, and it is pleasing to pay this tribute of respectful reminiscence to departed worth at this late hour.

Taking all the circumstances of this case of inverted uterus into consideration, especially the hysteric delirium which preceded parturition, I am disposed to conclude that there was a tendency to the inversion before her delivery. There may be a disposition in the reader to censure Dr. ——, who delivered her. To be sure, I consider it hazardous to attempt the extraction of a retained placenta by pulling at the cord. Nor should I take a placenta from a totally inverted uterus; nor until I had re-inverted, and returned it to its place. Still, I know this physician, now deceased, to have been rather a timid than a daring and bold practitioner. I well remember a most interesting case, in which I was called to one of his parturient patients, and was desired to bring my instruments. Embryotomy, from the immense disproportion between the child and mother, became absolutely indispensable. I proposed to him to perform it. He said he could not, and that if it was done I must do it. I did not decline, and the woman was saved. She was in a violent convulsive fit at the time. Upon lessening the head of the fœtus, and bringing it forward, the fit abated and did not return.

We are admonished, in every treatise on obstetrics, to wait for the contraction of the uterus, and for the expulsive efforts of nature, in withdrawing the afterbirth. These judicious rules are, however, very frequently broken, owing to the haste of the accoucheur, or the impatience of the woman and her friends. Nature is always to have due deference paid to her; but nothing is better proved than this, that she will sometimes not act at all, and at other times ruin everything by her vagaries. Dr. Rush tells us that nature is to be sometimes treated like a noisy cat in a sick room—turned out. I have myself waited twelve hours for nature to commence her efforts in the expulsion of the placenta, and waited in vain; and have then been compelled to extract by introducing the hand high up. The judicious management of the placenta is often the most difficult and delicate part of the *ars obstetrica*.

A powerful lesson is taught us at any rate by this case; viz. *To be cautious in pulling at the cord*. The *ergot* is a safe and effectual remedy in cases of retained placenta, as well as in flooding. Does this medicine lose its efficacy if kept over the year?

P. S. Since the commencement of this article, I have found a minute in my case-book of 1806, which establishes the fact that this woman menstruated from her inverted uterus, after its retraction within the os externum. My information of this fact was derived from her sister, a widow woman of some intelligence, at whose house she was during her

sickness. She informed me that at the periods of menstruation, the retracted uterus came down so as to be visible. The menstrual evacuation was then to be seen exuding from the inverted surface in small, dew-like drops. This part of her case is, so far as I know, unparalleled upon the pages of medical history. This notice is under the date of July 12th, sixty-four days after parturition. My impression is, that she did not nurse her child from the entire want of milk, which will account for the early appearance of the menses. The excessive serous evacuations we may suppose to have prevented the secretion of milk.

The intimate connection between the uterine and lactiferous systems, is well known. Thus, women who abound in milk sometimes become pregnant whilst nursing, before the re-appearance of their menses, which renders it impossible for them to ascertain their period of pregnancy. Such a case happened in one of my patients, a lady of the first respectability and of unimpeachable veracity. In this case, as in the one which I will now notice, nature does not appear to act with uniformity on both sides of the Atlantic. An assertion is positively made by so high an authority as that of Dr. Denman, that women never menstruate after conception. This I know to be incorrect, and could give one or more very striking cases; but this article has already been extended beyond my proposed limits.

SURGICAL SKETCHES OF PARIS, BY AN AMERICAN STUDENT.—NO. I.

[Communicated for the Boston Medical and Surgical Journal.]

March 14.—Since my last, Dupuytren has performed his famous operation for artificial anus, which from present appearances will in all probability succeed. After preparing the patient for one or two days, and making himself sure that he had found both ends of the intestine, he finally, on the 6th, placed the instrument on the intestine. On the following day no bad symptoms had manifested themselves. The patient complained of a slight colic, and had some discharge at the side of the instrument. No pain, however, was produced by the strangulation of the intestine. On the two following days, symptoms the same—no acceleration of the pulse. On the fourth the instrument came away. The mildness of the symptoms, and there being at first no appearance on the instrument of any portion of intestine, made us think that it had not been properly applied. On the following day, however, Dupuytren displayed a small piece of intestine, an inch in length, which he stated had been found by one of the *internes*, in washing the enterotome. The patient has not yet had a dejection; he had, however, slight colic, and yesterday, on giving an enema, some hard scybala were thrown off. From these symptoms, Dupuytren seems to be confident of success.

I saw Roux, last Saturday, again apply his treatment of ligature of the arteries to a patient brought in with a stab through the arm, cutting off the radial artery. An incision was made on the inside of the biceps, the artery found, and a piece of sticking plaster, rolled up hard, confined by two ligatures on its front part. The last case thus operated on is doing well, the ligatures having come away at the end of 15 days. Roux's operations are all most beautifully performed; but I hear that many of

his patients are carried off. So far as I have observed, he has been very successful.

March 20th.—We have had a number of interesting cases of late. Marjolin gave us the other day a most excellent lecture on anthrax. I will not refer to his description of the disease at present, but merely describe the treatment. He said that at the commencement of the disease, when the eruption or pimple was red, painful and full of blood, two methods of treatment had been recommended. First, Mr. Lallemand's treatment, which was to encircle the tumor with an incision, as perpendicular as possible, and carried to the depth of the disease. The whole skin thus insulated is of course lost by sloughing; and when the anthrax is of great extent, this must be a great objection to the practice. The second is Dupuytren's mode, which is to make a crucial incision over the tumor quickly, and with a very sharp knife, to the depth of the cellular membrane; and if there is great bleeding, to cauterize. This means of cure has been most generally adopted. I saw Dupuytren incise in this manner an anthrax on the back six inches in diameter, a few days since.

I saw Roux perform the operation of lithotomy last week. The patient was fifty years of age. The operation was with the gorget, and lasted not quite a minute and a half. The incision was small, and great force was required to extract the stone, which weighed 1½ oz. Two days after, the patient was seized with pain in the belly and delirium, and died.

I have now left Dupuytren, and am following Lisfranc, with whose practice I have been much pleased. His lecture, the other day, on fistula in ano, although a subject extremely difficult to treat with any novelty, yet contained many original remarks. He said that the primary abscesses were often superficial, and after being opened, healed; leaving, however, always a slight engorgement of the parts. If this was not attended to, the abscess formed again; and this being repeated once or twice, a fistula was finally produced. The treatment, therefore, would be to resolve the engorgement, after the first abscess had opened, by leeches, mercurial ointment, and an ointment in which potass was the chief ingredient. After the fistula had formed, he said that different modes of treatment had been recommended; that the ancients had contended that a fistula could always be cured at first by compression; but, says he, 'les anciens sont des animaux et des imbéciles,' when they say such a thing as this. He had tried compression by a mêche introduced into the rectum in a number of cases, and it had succeeded where not prevented by the following difficulties: 1. Hemorrhoids, preventing the mêche being retained. If the pain could not be assuaged by leeches, the mêche must be discontinued. 2. That the introduction of the mêche into the rectum, immediately after the abscess had opened, often caused inflammation in the parietes of the abscess; it should therefore not be applied till the fistula became, to a certain degree, chronic. He then went into detail with regard to the different kinds of fistula, and mentioned one species which I had not before heard remarked on; that is, the case where there is no external opening, and the internal aperture, instead of being at a distance from the anus, is situated just within the

sphincter, so that when the patient has a dejection, this fold of the intestine is pressed down against the sphincter, and the opening of the fistula compressed—thus preventing the escape of the pus, which collects in the foyer in a large quantity, burrowing among the cellular membrane, and finally making another opening. To discover the mouth of the fistula when thus situated, he said that the patient should be ordered to make an effort to force down the intestine; the opening being found, we may enlarge it and give exit to the collected pus. With regard to the dressing of the fistula after the operation, he approved of Boyer's method of using the mêche introduced into the rectum, so that the wound is made to heal from within outward as regards the external surface or anus, and also as regards the rectum. He says he never operates when the patient is suffering with any chronic disease of the lungs or other important organ. Lisfranc is a great, rough personage, six feet tall, with a pleasant face and a voice like thunder, and a very tyrant to his patients. In his lectures he speaks with that loud oratorical voice and gesture used by our stump orators; if any other man's ideas come into collision with his own, he gives no quarter to his opponent, but lavishes on him every opprobrious term the language affords. To strangers he is said to be the most polite of any of the French physicians.

I have just commenced a course of experiments on the arteries, with Amussat, the inventor of straight sounds, and acknowledged by most people here the first man who suggested breaking the stone in the bladder. He is the rival of Civiale; his instrument is similar to that of Civiale, with the exception that it has a greater number of claws for seizing the stone. During his course, he gives a description of, and explains the mode of using, the lithotriptic instruments. I was present on Friday at the last lecture of the course which has just terminated, and saw a number of experiments made upon the arteries. They were very interesting, although I think they might have been done with less cruelty to the poor animal, a horse, which was literally used up before they terminated. His carotid artery was first exposed, and the different means of ligature and torsion tried upon it. The maxillary was next cut down upon, and the arteries torsed; and afterward being divided, the *fer rouge* was applied, to show that in a large artery the actual cautery is of no use in restraining hemorrhage. After a number of experiments of this kind were gone through with, the creature was turned over to the students to perform any experiments or operations they might think proper. Yesterday Roux operated on a case of rupture of the perineum, which had occurred during labor about twenty months since. The patient was 25 years of age. The rupture had entirely cicatrized, leaving the vagina and anus forming but one continued opening. The operation was commenced by excising a portion of skin from the lips of the fissure, about half an inch in breadth, and of the length of the perineum. Three double ligatures were then passed through the sides of the wound, at a considerable distance from the fissure. The double ends of the ligatures were now separated, and the wound being brought together, two pieces of bougie were confined between the ligature, one on each side, forming the quilled suture. The patient's legs were then confined together, and she was carried back to her bed.

CASE OF ENCYSTED ABDOMINAL DROPSY IN A YOUNG LADY.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—If you think the following communication will interest your numerous readers, please publish it in your Journal.

Yours, respectfully, Atherton Hall, M.D.

Vergennes, Vt. May, 1833.

Miss D. H., aged about 19 years, having previously to July, 1829, had good health, was attacked with bilious remittent fever, which was severe and protracted. After partially recovering from this attack, and during the following winter (as she afterwards informed me), she had several paroxysms of fever and ague; remaining feeble for some time after, she consulted a physician for what was then denominated incipient ascites. She was subsequently seen and prescribed for by a number of physicians; still the abdominal tumor continued to increase, although unaccompanied by many of the usual symptoms of dropsy; such as great thirst, paucity of urine, bloating of the extremities, &c. But there was impaired digestion, pain and swelling in the hepatic region, and suppressed catamenia.

The disease went on in this way until December, 1830, when a thorough course of medication was adopted, and rigidly pursued in her case; such as cathartics, alteratives, diuretics, and she was several times tapped—although but a small quantity of fluid was obtained at each operation. All seemed to have little or no good effect; the disease constantly but gradually increased upon her. The abdomen became enormously distended, so that it measured in circumference six feet (although in health she was smaller than most females at that age). The tumor in the hepatic region increased considerably in size; another was discovered in the left hypochondriac, and one in the epigastric region. These, with previous symptoms, induced us to think it a case of encysted dropsy; and after reading Dr. Hubbard's communication on the subject, published in your Journal in September last, I was induced to try paracentesis once more. This served only to increase the unpleasant symptoms; abstracting part of the water, left more room for the tumors to move about, and thereby aggravate the distress, which was before almost insufferable. She continued thus to fail, with great emaciation and debility, extreme difficulty of breathing, so that she could not assume the recumbent posture; restlessness, ghastly countenance, and death on the 24th of February, 1833.

Post Obit. Examination.—On dividing the abdominal parietes, we found the cellular integuments, muscles, and peritoneum, consolidated in one mass; and this much thicker than natural. At first there were taken out about 12 or 15 lbs. of fluid; we then discovered, as was anticipated, that nearly all the fluid was contained in cysts, which were very numerous, from one to two hundred, and distributed in every part of the abdomen and pelvis. They varied in size, from that of a small pea to those that weighed six and a half pounds. The color and consistence of the fluid differed in almost every cyst—in some it was clear and lim-

pid, in others dark grumous; in some thick, tenacious, and nearly organized substance; in two or three it very nearly resembled pus. This fluid, when evacuated from the abdominal cavity and cysts, weighed seventy-six pounds.

Could this case have been cured in any stage of the disease, by paracentesis, as suggested by Dr. Hubbard? or by any other means? This question I leave for the reader to decide for himself.

DIET OF MANUAL LABOR SCHOOLS.

The friends of the Manual Labor System of Education are in danger of doing the cause a serious injury by the ultra abstemiousness which they seem inclined to adopt, in respect of the fare of the students. So far as strong drink is concerned, I will go to any length, in order to abolish it entirely and forever; because it is one of the plainest dictates of nature, that water is the proper beverage for man, as much as for the horse. But will any one, in his love of an imaginary self-denial, risk the breaking down of his valuable horse, by confining him to hay and water, to the exclusion of oats, corn and fresh grass, because it will cost less to keep him on the former than on the latter, and under the false impression that he will thrive as well and do as much work? The man who would reason thus, would be pitied for his folly or despised for his meanness. And shall we degrade our own frames beneath the level of the beast, and make shipwreck of our nobler natures, by adopting a blind rule of economy? Our boasted reason is, in many respects, a far more erring guide than the mere animal instinct of the brute. The latter, if uncontrolled, will eat precisely that which nature marks out for him; while man, with a self-conceit that dishonors his nature, ventures to prescribe rules for the support of his system that are every way uncongenial.

Our Manual Labor Schools require generally that the student shall work at least three hours out of twenty-four; and the more indigent are disposed to labor with all their might, to reap the largest possible revenue from so small a portion of operative time. The chief design of this daily labor is, to prevent the deleterious action of long-continued and diligent study; or in other words, to keep up the regular balance of the nervous and muscular systems, and so preserve the health of the student. But if the principle of abstinence be extended so far as to reduce the diet to cold water and crackers, and similar articles, it will turn out in many instances that the stamina will fail, and the labor, instead of doing a service, will prove a positive injury. Three hours of hard work cannot be borne by the assiduous student, who rallies under the standard of the anti-meat system. We speak in general terms, fully aware that there are exceptions, which, however, only serve to make good our position.

Let it not be supposed that we are friendly to epicurism, from the hints now thrown out. We have not learned to live after that fashion, and are in no danger of teaching others to do so. But we affirm (common sense and sound philosophy teach so), that every creature of God is good, and to be received with thanksgiving, whether it be animal or

vegetable; not that our comfort demands that we should be gluttons, but that we should learn to partake in moderation of all the provisions furnished by the great Benefactor. The young men who are now in course of education, are shortly to mingle with society, and their habits should be such as to qualify them for indiscriminate association, wherever their occupations may call them. Some are to be ministers of the gospel; and if they acquire by a forced habit a fastidious appetite, that cannot content itself with be fare they may chance to meet with in their peregrinations, they will realize from this very source more difficulties than from any other, or perhaps all others. Their supposed self-denial will pass only for affectation, and will ultimately retard their usefulness.

The correct rule of diet, in all our seminaries, is to have sound and wholesome provision, with as little departure as possible from the routine of well-regulated families. Let nothing be prepared by way of luxury, and let moderation be inscribed on every plate; but the diet should be good and sufficiently various, to make the student feel that by going to a good seminary he does not rupture the associations of domestic life. These hints may suffice for the present; at a future period, the subject will probably be again taken up.—T. D. M. *Western Med. Gaz.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 29, 1833.

THE CHOLERA.

We are happy to observe that there are no indications in Boston of the return of our common enemy the cholera—for it is an ill wind which blows nobody good, not even the Doctors. We see, however, that the watchful guardians of public health are providing against it with the same activity as ever, and that the Tremont Hospital is to be kept in perfect order, and furnished with everything necessary to receive patients at a moment's warning. Truly, among the notions of our good city, that of relieving, by the most ample provision, every form of disease and suffering, stands ever prominent.

In New Orleans the disease still prevails with extensive fatality, and it is committing ravages in various places along the course of the Mississippi and Ohio. Most of our chief cities still remain free from this disease, but we should not be surprised at any day to hear of its existence in some of them.

Musk in Cholera.—Among other matters resorted to by the faculty to stay the progress of this terrible disease, one has been published of so singular a character, that we do not hesitate to extract the statement into our columns. It is contained in a letter from Mr. Richard Laming, of No. 48 Finsbury Square, a district in which the ravages of the plague have been very great. Mr. Laming says:—

'I have lately employed musk in several cases of cholera, with a success so uniform and decisive, as to make its introduction desirable, without loss of time, to the notice of the whole profession, &c.

'The salutary influence of the first dose of musk will be found to become manifest by greatly mitigating, in a very few minutes, and in many cases by effectually removing, the cramps, the purging, and the vomiting. My plan has been to give at once fifteen grains, rubbed into a draught with a lump of sugar and a wineglassful of cold water, and I am justified in reporting that this first step, if taken promptly, will scarcely ever fail to arrest the progress of the disease, and leave the patient to easy and ordinary convalescence, &c. So evident is the action of musk in cholera, that the practitioner will experience no difficulty in determining whether he need repeat its exhibition, or whether, having subdued the immediate cause of the disease by the first dose, he should direct his attention to the removal of its consequences by the ordinary means.—*N. M. Mag.* 1833.

FEIGNED DISEASE.

We observed by the Transcript of Saturday, that an examination had been made into the conduct of the directors of the Connecticut prison, for alleged cruelty to their prisoners, in compelling them to work when sick. It appeared that one of the inmates had counterfeited epilepsy so perfectly, that, although some trick was suspected, it was impossible to detect it for a long time. At length the expedient was resorted to, of directing a stream of water on his nose while he lay apparently insensible, on which he was observed to move his head in order to avoid the stream and take breath. A culprit in New Jersey is said to have acted the paralytic with better success. The difficulty of detecting these feigned diseases, when well acted, amounts nearly to an impossibility. A well taught *malingerer*, for this is the military term, if he possesses perseverance, and fortitude to endure the action of remedies, can set the most searching and strictest examination at defiance. Some of the most remarkable martyrdoms in this way were exhibited in France during the conscriptions; some of these who were drafted as soldiers, bearing every species of torture rather than bely the pretence which they had adopted in order to escape the dreaded fate of military duty. In an army, a malingerer is the greatest of nuisances; his examination imposes on the surgeon the most painful and disgusting duty, while his success throws disgrace and ridicule on the medical officers, and affords encouragement and instruction to others to attempt the same expedient. The case is even worse if the suspected man is innocent; for the severity with which he is treated inspires, when his innocence is known, universal sympathy, and excites a general disgust to the service. In our service, however, we do not hear much of malingering, nor is there much danger of it in time of peace, especially while men are well clothed and fed, and not treated with unnecessary harshness. But under circumstances which hold out a strong motive for the deception, the variety of diseases which may be feigned,

and the success with which the imposture may be managed, are truly surprising. A foreign work—Marshall's Hints to Medical Officers—gives a list of more than thirty diseases which have been counterfeited for the purpose of escape from duty. Among them are amaurosis, strabismus, rheumatism, spitting of blood, epilepsy, vomiting, hydrocele, jaundice, and hernia. The two following anecdotes, taken from a great number contained in the work, will show the pertinacity with which these impostures are sometimes persevered in.

'Perhaps few impostors have displayed more fortitude than a private belonging to the 10th regiment, while it was on duty in the Mediterranean. This man pretended that he had lost the power of his inferior extremities, and for a period of about two years endured all that medical skill and suspicion of his testimony could suggest, with the view of enabling or forcing him to return to his duty. Before recommending him to be invalided, his medical attendant submitted him to the following trial: he was confined in a small room, and a shelf well stored with provisions suspended over his head, which he could easily reach by merely standing upon his legs, but not otherwise. At the end of forty-eight hours the food remaining untouched, it was not considered advisable to prolong the experiment. He was then included in the list of invalids, and put on board a transport bound for England. While in the harbor, an alarm was given, about midnight, that the ship was on fire. Every one hurried into a boat alongside. After reaching the quay, the passengers were mustered, and it was found that the paralytic invalid had not only succeeded in saving himself, but also his trunk and clothes. He was remanded to the ranks.

'A similar case may be mentioned. Private Byrne, 27th regiment, was admitted into the general hospital, Dublin, in consequence of syphilis. The ulcers soon healed, but during recovery it was with difficulty that he could be prevailed upon to leave his bed, in consequence, as he stated, of having lost the use of his inferior extremities. He was requested to use crutches, and thereby to lend his aid to restore the power of his limbs, but all to no purpose. He moved from one part of the ward to another, by pushing himself forward on his breech, with his hands, and sometimes the other patients used to carry him on their backs, particularly when he wished to be brought to the open air. In this manner he went on for about a year. The surgeon of the hospital at last considered that Byrne was a schemer, and determined to send him to the depôt of his regiment, which was at that time in England. He was discharged from the hospital, and carried on board ship. The staff sergeant, who conducted the party of which Byrne was one, conveyed a letter from the surgeon to the commanding officer of the depôt, stating that he believed Byrne possessed the full use of his limbs, and that the apparent disability was feigned. This letter was read to the party by the adjutant, who informed Byrne that from what he knew of his former character and the surgeon's report he was thoroughly convinced that he was an impostor. He concluded his address, by recommending him to do his duty; and gave orders that he should be next day employed to carry a load of potatoes of nearly a hundred weight from a distant garden to the barracks, for the men's mess. This task he performed, to the surprise of all his comrades. He soon after embarked for the Peninsula, where he deserted, and was never again heard of.

'It is surprising how long a part of the body may be kept in a state of inactivity without much diminution of muscular power. Two cases happened some time ago in this city, strikingly illustrative of this circumstance. A soldier asserted that he had nearly lost all power over the inferior extremities, in consequence, as he stated, of a hurt received on the loins. Active means were employed; and as he was from the commencement suspected of being an impostor, the measures were long continued. The patience of the medical officer who attended him became exhausted, and he was eventually recommended to be discharged. The day he was to receive his discharge, he crawled on crutches to the office where it was to be given him. Having obtained the document, he begged one of the officers of the establishment to read it to him, which he did twice. After satisfying himself that the discharge was properly made out, he first deliberately threw away one crutch, then another, and darted forward, overturning two men who happened to be before him, and finally disappeared, springing over a car with a water cask on it which stood in his way. During the late war, a man belonging to the Cavan militia was, in consequence of assumed weakness of the inferior extremities, kept in his regimental and the general hospital of this city for two or three years, and almost the whole of this period he never moved without crutches. He was at last discharged. The day after he received his balance of pay, he had himself driven in a car to the Phœnix park, where the Cavan militia was at exercise. Upon approaching the corps, he laid aside his crutches and advanced in front of the line. He then bounded like a deer for some time before the regiment, and after slapping his breech, scampered off as fast as he could. The object of some impostors appears to be incomplete, until they make it known to all their comrades that they have obtained their discharge entirely by a deliberate system of deception.'

DEATH OF DR. LANE.

It is our painful duty to record the death of a very estimable member of the profession in this city. George W. Lane, M.D. died last week of a typhous fever. He had but a few days before been married, and had fixed his residence in one of those rich and delightful houses recently built on the Washington Gardens, where he pursued, with a success rare among young men, the lucrative profession of a dentist. Our personal acquaintance with Dr. L. was very limited, but he was esteemed and beloved by those who knew him well. The period of life at which he was called away, adds poignancy to the grief of those who were most nearly interested in his prospects in life. His hopes were blasted when they were brightest; he was called from life just at the moment he had begun to enjoy it most.

MOUNT AUBURN.

The cemetery and garden at Mount Auburn now constitute the most interesting and delightful spot in our vicinage. Many monuments are already erected, others are in preparation, and the proprietors of numerous lots are preparing them for the reception of trees and ornamental

plants, and enclosing them with palings or other appropriate iron fences. The experimental garden is also in progress. Mr. Haggerston has already taken up his residence in the cottage recently erected for the gardener, and with two laborers has been constantly and most industriously employed in setting out over thirteen hundred forest, ornamental, and fruit trees, planting culinary vegetables, and preparing hot beds for receiving a great variety of plants which are intended to be distributed over the various compartments of the garden, and on the borders of the avenues and paths. Among the seeds planted are four hundred and fifty varieties which have been recently sent from Europe, Asia, and South America. Mr. H. is assisted in the discharge of his arduous but most interesting duties by the porter, who has special charge of the beautiful and appropriate gateway, at which commence the avenues and paths that lead in every direction through the grounds. The whole establishment is in a most flourishing condition. It is one of a novel character in New England; and our medical brethren who intend visiting us next week, will find themselves amply repaid for a visit to the spot, by its rich and varied scenery, and the tasteful disposition of its lots, paths, avenues, trees, and shrubbery.

Medical Autographs.—There was a singularly interesting sale of autographs and manuscripts lately in England; it contained many curious documents. Many of them were sold at very high prices; a letter, however, from the celebrated Linacre to Macchiavelli, in Latin, sold only for eleven shillings; a lot, containing a letter from Vesalius, the eminent surgeon, to the Prince of Orange, one from Boerhaave, and another from Haller, in English, brought fourteen shillings; a lot containing letters from Cuvier, Secard, Astruc, went for twelve shillings; a letter from Linnæus, in Latin, on subjects of Natural History, with one of Reaumur, met with a purchaser at one pound nineteen shillings. There were many valuable letters from eminent literary and scientific characters—from Copernicus, Des Cartes, Sir Issac Newton, Leibnitz, Franklin, Sir H. Sloane, Lavater, Fourcroy, Lavoisier, &c. which were eagerly bought by the collectors of these curiosities, among whom were some of our most distinguished and learned men, who on many occasions vied with great enthusiasm with one another in the possession of some well-authenticated specimen of an illustrious character. It was not merely the hand writing of the individual that gave interest to many of these documents, but the subjects which they treated of, and which in some instances were of peculiar importance and deep interest.

The Medicinal Use of Cold Water.—In a collection of Medical Essays, published at Edinburgh in 1744, we find the following observations respecting cold water, dated 1736.

'The Italian physicians seem, at present, very fond of cold water, which they esteem almost an universal remedy, giving in the day 15, 20, or 25 pounds of water made cold by ice, and applying at the same time cold water or snow to several parts of the body. By this method they treat fevers, smallpox, dropsy, &c.'

Much as has been said and written in favor of cold water, in modern times, we are not aware of any author who has proposed to carry the use of this remedial agent further than the Italian physicians above named seem to have done. Our allusion here is especially to the internal use of cold water, for we are well aware that as a bath merely it was employed in the early history of medicine. 'Thus,' says Gilchrist, in his Essay on Nervous Fevers, 'the barbarous nations were in the practice of plunging their sick into cold water, or wrapping them in snow, in order to preserve them, and I believe it was a more effectual mode than any in modern use.'—*Western Medical Gazette.*

Lycopus Americanus.—This, the American water-horehound, is a most excellent tonic, in cases of general debility and relaxation attended with nervous symptoms. I have employed it with great advantage in chronic chlorosis, and in that exhausted and relaxed state of the system which sometimes follows menorrhagia. Two drachms of the dried leaves should be infused in a pint of boiling water. Of this a small wineglassful may be taken four or five times daily.—*Ibid.*

Large Doses of Calomel.—We remember well when Dr. Rush's dose of 'ten and ten,' (Calomel x. grs. and Jalap x. grs.) was considered an exceedingly dangerous remedy, even in vigorous constitutions. But an examination of *Friend's Emmenologia*, will show that in 1700 he was in the habit of giving to delicate girls a *scruple of calomel with five grains of the resin of scammony, at a single dose*, and this was repeated daily, in some instances. Such treatment as this would have been viewed as monstrous, in our eastern cities, thirty years ago.—*Ibid.*

Whole number of deaths in Boston for the week ending May 26, 16. Males, 10—Females, 6.
Of old age, 2—consumption, 6—child-bed, 1—scarlet fever, 2—croup, 1—typhous fever, 1—pleurisy fever, 1—inflammation of the stomach, 1—teething, 1—lung fever, 1—fits, 1. Stillborn, 2.

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